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over which you preside could not perform a more patriotic act, or do a more essential service to their country than by publishing their intention of giving such a premium as they may think sufficient, for the best essay to discover the universal principle on which the fair rent of land in all supposable alterations and circumstances of the country may be accurately ascertained. Convince the people that they get fair play, and universal harmony will reign. I have the honour to be, with very great respect, your very obedient servant,

PHILANDER.

For the Belfast Monthly Magazine.

ANNUAL REPORT OF THE MANAGING COMMITTEE OF THE HOUSE OF RECOVERY, AND FEVER HOSPITAL, IN CORK-STREET, DUBLIN, FOR THE YEAR ENDING THE 4TH JANUARY, 1811.

THE committee in their report for the year ending the above date, have to notice a very great increase in the number of admissions, which appear to be 1774, while the preceding year numbers only 1056, on this circumstance they have to remark, that they, in their report for last year, gave the following paragraph, viz.

"The committee avail themselves of this opportunity, to congratulate the public on the success of an institution, which has proved the happy means of giving a considerable check to the progress of *contagious fever*; and consequently of having improved the health of the inhabitants of this populous city: *as it is a fact which cannot be too generally known*, that since the opening of the hospital in 1804, the number of persons for whom application has been made for admission, has diminished, although at the commencement, and for some time thereafter, the district relieved

comprehended only about five parishes in the Liberty, and neither servants nor persons affected with scarlet fever were received; whilst since 5th January, 1809, the limits of admission have been extended to the entire of the city of Dublin, within the circular road, and servants, as well as every other description of poor, labouring under contagious fever (*Scarlatina* included) are now admissible."

The reduction of fever here noticed, continued for the first four months of 1810, for the four succeeding months the admissions gradually increased, so that they, as well as the average number of patients in the hospital, appeared to be more than double what they were in the corresponding months of 1809; and although in the last four months the numbers have reduced, they still have been nearly double what they were at the same period the last year; and this increased proportion continues at the present moment.

For comments on this increase of fever, the committee must refer to the physicians report, after giving an extract from a statement made by them, to a meeting held at the Royal Exchange, the 13th September, 1810, convened by public notice in consequence of the funds of the hospital being nearly exhausted, which is as follows, viz.

"From the physicians of the hospital they learn, that during the four past months an epidemic fever prevailed in this city, and throughout many parts of Ireland, unparalleled in malignancy and extent for many years past, and were it not for the check given to the spreading of the contagion, by the immediate admission of the infected persons, together with the whitewashing and fumigating the habitations from whence the patients were brought to the hospital, there are strong grounds for believing,

that this populous metropolis might have suffered, and been now suffering, under a fever comparatively destructive as the plague."

From the great increase of disease, a very great increase of expense was unavoidably incurred; and from the peculiar situation of the trading part of the community (who form a great proportion of the subscribers) a considerable diminution of the usual funds has been experienced; however the liberal manner in which many of the well-wishers to the hospital came forward, in consequence of the appeal made as before mentioned, the funds were for the present amply recruited; the committee having received from this source £2057 1s. 8d. Still the committee feel there is a necessity for what may be considered as the permanent funds of the hospital (annual subscriptions, &c.) to be increased; and when *the advantage of this institution both to rich and poor* is considered, they cannot doubt but funds will be afforded.

The committee continue to promote cleanliness, in order that disease might be checked, health and strength improved, and comfort increased amongst the poor; by having a printed code of advice left at the habitations from whence patients are removed to the hospital, as well as by whitewashing and fumigating such apartments, as appear from the reports of the physicians to stand in need thereof, they also in the course of last year, in order to promote a greater attention to this object amongst a different class in society, had an advertisement printed and circulated, of which the following two paragraphs formed a part.

"As it appears by a reference to the registry of admissions, that many children belonging to different charity schools in Dublin, labouring under contagious fever, have been lately received into said hospital, the ma-

naging committee feel it incumbent on them, to recommend to the governors and governesses of these charities, a more strict observance of personal cleanliness amongst their children, together with free ventilation, as well as frequent cleansing and whitewashing of the rooms used as schools and Dormitories."

"The committee also wish to impress on the minds of the upper classes of inhabitants in Dublin, the bad effects occasioned by the filthy and confined state in which a great majority of their servants are usually lodged, as to bedding, apartments, &c. &c. which in many instances have, to the knowledge of the committee, proved the means of exciting and keeping up *contagious fever*."

One of the regulations of the hospital, the committee are inclined at present to bring into view, viz.

"No officer or servant of the institution, shall presume at any time to take from any patient, tradesman, servant or others, any fee or gratuity of any kind, directly or indirectly, for any service done or to be done on account of the institution, on pain of being immediately dismissed."

And they intreat, that not only no temptation be offered to any of their servants to deviate in this particular, but if any violation of this regulation be known, that immediate information be given to the committee.

No recommendation is necessary to entitle to admission, but applications for admission must be left at the letter-box at the eastern entrance to the hospital before half past nine o'clock in the morning, in order that the applicants may be visited by the extern physician in such time, as that those whose diseases are ascertained to be fit for admission, may be brought to the hospital on that day. No patient can be admitted until seen by one of the physicians of the hospital, nor in any other manner than in

the hospital carriage, which is on springs, and the patients are placed therein, on a bed, in a recumbent posture.

Cork-street 11th of March 1811.

Admitted from 14th May 1804, to 4th January, 1811, inclusive.....	7717	In the hospital 5th January 1810	32
Discharged cured.....	7052	Admitted from 5th January, 1810, to 4th January, 1811, inclusive.....	1774
Died.....	627		
Remain in hospital 5th January, 1811.....	38		
	<u>7717</u>	Discharged cured.....	1610
		Died.....	158
		Remain in hospital 5th January, 1811.....	38
			<u>1806</u>

ACCOUNT OF INCOME AND EXPENDITURE OF THE HOUSE OF RECOVERY AND FEVER HOSPITAL, CORK-STREET, DUBLIN, FOR THE YEAR ENDING FIFTH OF JANUARY, 1811.

	£.	s.	d.		£.	s.	d.
To rent and taxes of premises	78	18	0	By parliamentary grant, net	999	12	11
Maintenance of patients and servants.....	944	17	2½	Subscriptions.....	1156	16	3
House-bedding, furniture and clothing, wear and tear.....	308	19	11	Donations.....	93	18	3
Salaries of officers, nurses and servants.....	1021	9	0½	Amount of hay and grass, deducting expenses	36	7	0
Fuel, soap and candles....	353	18	10	Interest on government stock.....	12	6	10
Printing, stationary and advertising.....	124	9	0½		2299	3	3
Medicines, including wine and spirits.....	348	19	11½	Donations in consequence of an appeal to the public	2057	1	8
Incidental expenses, including expense of horse	154	18	11½				
Whitewashing habitations of the poor.....	91	0	10				
Repairs.....	15	9	6				
	3443	1	3½				
New buildings.....	235	0	0				
Excess of income above expenditure.....	678	3	7½				
	<u>4356</u>	<u>4</u>	<u>11</u>		<u>4356</u>	<u>4</u>	<u>11</u>

ACCOUNT OF PROPERTY OF THE INSTITUTION, EXCLUSIVE OF BUILDINGS AND PREMISES, 5TH OF JANUARY, 1811

	£.	s.	d.		£.	s.	d.
To Furniture and house-bedding.....	1536	6	0	By net property of the institution.....	3155	12	10½
Clothing.....	138	5	0				
Government stock.....	1306	9	4				
Treasurers.....	174	12	6½				
	<u>3155</u>	<u>12</u>	<u>10½</u>		<u>3155</u>	<u>12</u>	<u>10½</u>

ANNUAL MEDICAL REPORT OF THE HOUSE OF RECOVERY, AND FEVER-HOSPITAL, IN CORK STREET, DUBLIN; BY ONE OF THE PHYSICIANS.

THE annalist of this hospital, in which the occurrences of each successive year have a characteristic resemblance, cannot well deviate from accustomed recital: his province is confined chiefly to simple narration, and to such inferences as are deducible from recorded facts.

Though the advantages, public and private, to be obtained by the system of prevention as applied to fever, are now very generally known, yet to advert to them at this time may not be without its use. The principal object is to abate the violence of contagion, and to contract its sphere of action within the narrowest possible limits. For this end, a prompt and complete separation of the affected persons from all others, whose attendance is not necessary, furnishes means the most effectual. Such seclusion the affluent can readily command in their own houses; but to the poor it is unattainable, except by a removal from their habitations and families, to receptacles properly adapted to this especial purpose. From ordinary hospitals they are generally shut out, and for very obvious reasons. Houses of recovery, then, afford the only asylums for the poor, when attacked by contagious fever, and constitute, at the same time, the strongest bulwarks for the protection of the wealthy against the ravages of a pestilential disease.

Through the operation of such establishments, contagious fever would appear to have been suspended, if not altogether eradicated, in some places where other circumstances seemed by no means favourable. In an extensive district of London, for instance, including St. Gile's, Bloomsbury, and Saffron-hill, and compriz-

ing a dense population chiefly of the lowest class, common fever was seldom or never observed in the latter part of 1809, and the early months of 1810.* In Dublin, during the same period, it was of much less frequent occurrence than formerly; and this decrease was justly attributed to the Fever-hospital system.

These and similar facts, afforded some ground for a hope, at one time entertained by certain ardent philanthropists, that the propagation of fever by contagion might be altogether prevented. An object so desirable we think cannot be attained: but much has been done, and more may still be effected †

In the progress of this year (1810), the prevailing fever assumed an aspect so formidable, and a range so extensive, that great and well founded alarm was excited in many parts of Ireland, but especially in this city, where among the poorer inhabitants every cause that in our climate and local position could combine to disseminate infection, existed in full vigour—An overthronged population, depressed and debilitated by want of employment, and want of food, enervated more or less by previous habits of intemperance, uncleanly in their persons and apartments; of many, the whole mode of life reckless or despondent: A gleam of joy, or even the tranquil smile of well-fed content is seldom seen to play on the countenance of the Dublin manufacturer, but at

* For this information, so truly gratifying, the reporter is indebted to his friends Dr. Bateman, of the Fever-hospital, Gray's-Inn Road, and Dr. Laird: both gentlemen are physicians to the Carey-street dispensary. Their opportunities for extensive observation are unquestionable; their accuracy and judgment require no commendation.

† For proof of this assertion, several documents in our former reports may be consulted.

this melancholy period all was gloom. —At the same time, whiskey, that bane to industry, health, and morals, became on a sudden cheap and abundant. To the purchase of this poisonous liquor, the finances of the poor were instantly and very generally devoted; the scanty stipend of casual labour, even the pittance bestowed by the hand of charity, to relieve urgent want, was converted into the means of self-destruction. A culpable inattention to medical police, exhibited in the numberless depositions and collections of every kind of filth, in almost all the close situations, where disease and indigence are concealed from passing notice. Such were the most obvious causes which, in this metropolis, concurred to call into baleful activity, that epidemic constitution, the effects of which we are now to trace.

During January and February, the number of patients stood nearly at what had been the usual average for many months; and fever appeared in its ordinary form of the season.

In March and April, our admission-list increased with a rapidity unexpected. Some anticipation of a malignant epidemic were indeed entertained early this year, from observing that many of the prevalent febrile affections were accompanied by quinsies, strikingly resembling that species called cynanche maligna. Several well marked cases of that disease, attended with scarlatina-efflorescence more or less distinct, occurred: but, in general, the combination of symptoms was so anomalous, as to lead rather to conjectural opinion, than to scientific foresight. This state of vague apprehension was soon changed into awful certainty, for as the spring advanced, the number of fever patients was augmented by more than $\frac{2}{3}$ above that of the seven months

immediately preceding, *i. e.*—of these the average number was 73; whereas in March and April it was 122. From the beginning of May to July, inclusive, the increase was still more rapidly progressive, so that in the latter month, the number admitted into the hospital had more than tripled the average of 73.

At this time, the epidemic had reached its acmé: its decline, however, was not speedy, since even in November (which for 4 years past averaged at 68) the admissions amounted to 145.

The following table will not only elucidate this statement, but also exhibit at one view the comparative as well as gross numbers admitted into the hospital for 6 years.

	1805	1806	1807	1808	1809	1810
Jan.	49	87	102	62	88	71
Feb.	49	71	78	58	114	83
March	72	72	80	72	104	113
April	46	93	122	101	85	132
May	88	113	98	153	96	181
June	123	128	92	122	100	216
July	135	109	52	123	107	220
Aug.	113	163	103	87	79	187
Sept.	95	132	107	85	85	153
Oct.	83	109	99	78	78	168
Nov.	100	80	70	67	54	145
Dec.	71	107	57	63	61	105
	1024	1264	1100	1071	1051	1774

The months in which, from an experience of 6 years, fever is found to be most prevalent in each year respectively, are, with scarcely an exception, May, June, July, and August. By taking the gross amount of the admissions during these 4 months, in each year, we shall be enabled to estimate *ceteris paribus*, the extent of this year's epidemic as affecting Dublin; thus—

Admissions in 4 months.	1805	1806	1807	1808	1809	1810
	459	613	385	485	382	904

Though the efficacy of the system of prevention cannot be established this year, by *direct* evidence, yet from the proofs adduced in the former reports of this hospital—from the experience of similar institutions in Cork, Waterford, Limerick, Chester, Liverpool, Manchester, and London, we are warranted in expressing a conviction, that at no former period was the utility of such a system less questionable, or its benefits more extended and salutary—But for such interposing protection, pestilence and death must have stalked, without controul as to human means, through the humbler ranks of our fellow-citizens; and there can be little doubt, that, in the progress of a disease so virulent, the higher classes would have been deprived of their wonted immunity.

On this point, no calculation can be made which shall be accurately conclusive. If, according to the opinion of an accomplished physician (the late Dr. Currie of Liverpool), we say, that “every single removal into the house of recovery, probably prevents on an average 2 or 3 cases of the disease,” (and observation among the poor of Dublin would induce us to take the greater average), then 5322 are the probable number preserved from fever, by the removal of 1774 to this hospital. This rate of exemption is perhaps far too low:—for, in the first place, 1774 may fairly be considered as the *minimum* of cases that could have presented themselves, under the influence of the existing epidemic; inasmuch as on its first appearance, and throughout its whole course, the hospital system was in full activity. Again, of the 5322 who on our calculation escaped disease, each individual would have, as it were, a new central point from which fresh contagious effluvia must have emanated; and thus the pro-

pagation of the evil have gone on to an indefinite extent. Such, indeed, is the actual history of malignant fever, when it becomes epidemic, in large cities where the plan of prevention has not been adopted.

Or if, in concurrence with Dr. Haygarth of Bath, (who has investigated the laws of infection with a discernment and precision never surpassed), it may be asserted, that of 23 persons exposed to febrile contagion, under circumstances favouring its susceptibility, not more than one escapes; we are furnished with another mode of estimating the preventive power of the house of recovery this year: thus, for each of the 1774 patients admitted into the hospital, it may be assumed, that had they remained with their families, 4 other persons, at the least, must have undergone complete exposure to contagion—deducting then the proportion of one to twenty-three, we should have had 6788 additional sufferers.*

The number of persons *previously ill* is marked in the hospital registry at 1004. With respect to these no inference has been attempted, because it is believed that many, if not the greater part, have afterwards appeared in the columns of admission among the gross number 1774.

The relative numbers on the north and south sides of the river, are as under:

<i>No. previously ill</i>	<i>No. admitted</i>
North.....239	306
South.....765	1468
Total 1004	1774

* It is almost superfluous to mention, that the above estimates are brought forward, not as numerical proofs, but as affording some ground whereon conjecture may at present rest; and future enquiry approach to certainty.

The proportion of those received from the north side is to the total number of admissions, as $\frac{1}{8}$ nearly. The population of the same side of the river is to the entire population of Dublin nearly as $\frac{1}{3}$.

The mortality in the hospital has this year been, in proportion to the

number of patients, as 1 to $11\frac{4}{7}$. That of the males as 1 to $11\frac{1}{2}$ —of the females as 1 to $11\frac{2}{3}$, in proportion to the respective numbers of each sex. Hence it appears that there is but a slight difference in their relative mortality. This approximation has been noticed for six years.

ADMITTED.				DIED.		
Year.	Males.	Females.	Total.	Males.	Females.	Total.
1805	474	550	1024	40 or 1 in $11\frac{1}{2}$	27 or 1 in $20\frac{1}{2}$	67 or 1 in $15\frac{1}{2}$
1806	592	672	1264	63 or 1 in $9\frac{1}{2}$	38 or 1 in $17\frac{1}{2}$	103 or 1 in $12\frac{1}{2}$
1807	505	595	1100	55 or 1 in $9\frac{1}{2}$	37 or 1 in $16\frac{1}{2}$	92 or 1 in $11\frac{1}{2}$
1808	512	559	1071	53 or 1 in $9\frac{1}{2}$	43 or 1 in 13	96 or 1 in $11\frac{1}{6}$
1809	461	590	1051	41 or 1 in $11\frac{1}{4}$	42 or 1 in $14\frac{1}{2}$	83 or 1 in $12\frac{1}{2}$
1810	800	964	1774	71 or 1 in $11\frac{1}{2}$	83 or 1 in $11\frac{1}{2}$	154 or 1 in $11\frac{1}{2}$

A fact so remarkable cannot be satisfactorily explained on any data of which we are yet in possession. Can it arise from the habits of the lower class of females in this city becoming daily more similar to those of the other sex, especially in the abuse of spirituous liquors?

The fluctuation in the comparative mortality of the sexes, in different months, would seem equally unaccountable on any general or fixed principle.

It seems worthy of remark that the greatest number of deaths happened during two months wherein the relative number of patients differed so materially as in June, when the admissions amounted to 216, the mortality stands as 1 in $7\frac{1}{2}$, and in December the admissions were 105 only, yet the deaths were 1 in $7\frac{1}{2}$. In July, during which the epidemic was at its

height, the mortality rates as 1 in $9\frac{1}{2}$. This part of our subject may already appear to have been treated with too much prolixity, yet nothing can more forcibly evince the malignant nature and extensive progress of the epidemic, than a comparison of January with June. In the former month only 71 patients were admitted, of whom two died, the proportion 1 in $35\frac{1}{2}$. In the latter (June) 216 sought refuge in the hospital, of whom 30 died, the proportion 1 in $7\frac{1}{2}$.

The first two months of this year, as has been mentioned, were not characterised by any unusual appearance. In March and April, sporadic cases of scarlatina were met with; intermittents were very rare; rheumatic and pneumonic affections infrequent; typhoid fever began to predominate beyond all former observation. The reporter noted among his own patients a great

er number of instances of unmixed typhus, several of the very worst kind, than he remembers to have seen during five years preceding. In May, scarlatina had a slight increase; but soon all other forms of fever merged in the epidemic character of Typhus gravior, or of Synochus speedily becoming typhoid, accompanied by all the most dangerous symptoms which denote that type, and demanding the utmost attention and vigour on the part of the physician.

Where local determinations occurred or supervened, the head and bowels were the chief seats of attack, the lungs also frequently suffered, especially in autumn, and on the approach of winter.

To combat this congestion, or tendency to inflammation, blood-letting, general or topical as the case required, was practised with evident advantage. In no one instance did it appear to be injurious. Gentle purgatives were very freely employed (as indeed they have always been since the opening of the hospital) with the most salutary effects. To enter here into minuteness of description, or of practice, would be inconsistent with the design of this report: nevertheless the above general experience derived from so large a scale of treatment cannot but be acceptable, and perhaps instructive to the medical public.

Of the residents in the hospital, ten were attacked by fever during the year—five of this number, viz. the housekeeper and four nurses were necessarily exposed to the influence of contagion: the remaining five had probably not been sufficiently cautious in their intercourse with the sick, one fell a victim to the disease, a young man who frequently volunteered his services in assisting the apothecary.

Scarlatina, though of a dangerous kind, presented itself so seldom (18 cases) that it has been blended in the

gross numerical account of fever, as being equally contagious. It deserves little further notice here than after May it entirely disappeared. Another fact respecting it is worthy of record, namely, that of the whole number of cases (101) received into the hospital since the year 1107 not one proved fatal. The death reported in 1807 was the consequence of hydropic effusion affecting the brain; the symptoms of scarlatina had gone off some time previous to the patient's admission.

Such, in faint outline, is a sketch of the transactions of the fever-hospital department. By its efficient system much distress, otherwise irremediable, has been alleviated, much prevented. Were this the time or the occasion we could present such groups of wretchedness as must arouse apathy from its torpor, and elicit some generous sparks from the cold heart of avarice itself. Where active benevolence abounds, an appeal to feelings less noble would be at once unnecessary and ungracious. Enough has been said in proof of the diffusive benefits of this institution. On public utility must ever rest its strongest claim to public protection.

R. GAMBLE, M. D.

To the Proprietors of the Belfast Magazine.

YOUR magazine cannot be justly charged with plagiarism, by inserting the following remedy for the sting of a Bee, extracted from the last number of the London Monthly Magazine; it maybe of use to some of your readers.

“On opening one of the leaves of a book hive, in which I keep Bees, according to the French method, for the purpose of taking the honey, without destroying the labourers, one of the inhabitants resented the offence by deep-

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